

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## UNITED STATES DISTRICT COURT

for the

WESTERN District of WASHINGTON

SEATTLE Division

21-CV-1440 RAJ

Case No.

(to be filled in by the Clerk's Office)

DANIEL REYES

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☐ Yes ☐ No
 FILED  
 LOGED  
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MAIL

OCT 20 2021

 AT SEATTLE  
 CLERK U.S. DISTRICT COURT  
 WESTERN DISTRICT OF WASHINGTON  
 BY DEPUTY

 EXPRESS SCRIPTS "COMMUNITY HEALTH PLAN WASH."  
 -v-  
 COMMUNITY HEALTH PLAN "UNITY CARC N.W."

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

 COMPLAINT FOR VIOLATION OF CIVIL RIGHTS  
 (Non-Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

County

Telephone Number

E-Mail Address

DANIEL REYES  
 421 E MAPLE AVE #103  
 BELLINGHAM WA 98225  
 City State Zip Code  
 WHATCOM  
 360-988-3659  
 PEPSTPOPCOCK@GMAIL.COM

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

EXPRESS SCRIPTS  
 COMMUNITY HEALTH PLAN OF WASHINGTON  
 1111 3RD AVE. SUITE 400  
 SEATTLE WA 98101  
 City State Zip Code  
 KING  
 206 613 5058

☐

Individual capacity

☒

Official capacity

Defendant No. 2

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

"UNITY CARE NORTHWEST" I.E. COMMUNITY HEALTH PLAN  
 TO ABIDE 8<sup>TH</sup> & 14<sup>TH</sup> AMENDMENT.  
 220 UNITY ST.  
 BELLINGHAM WA 98225  
 City State Zip Code  
 WHATCOM  
 360 676 6177

☐

Individual capacity

☒

Official capacity

## Defendant No. 3

Name

Job or Title (if known)

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

☐ Individual capacity
 ☐ Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

☐ Individual capacity
 ☐ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8TH & 14TH AMENDMENT BAN ON CRUEL & UNUSUAL PUNISHMENT

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

AND "PATH OF SERVICE" IS OBSTRUCTED BY UNDERMINING HEALTH CARE WORKERS' MEDICALLY PRESCRIBED OPTIONS, RECOMMENDATIONS, DIAGNOSIS AND THEIR DETERMINATIONS

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur? PLAINIFFS' ACCESS TO REMEDIAL MEDICINE FOR PAINFUL & CHRONIC ILLNESSES ARE BEING CONSTITUTIONALLY VIOLATED.

- B. What date and approximate time did the events giving rise to your claim(s) occur?

PATIENT/PLAINIFF ENDURES UN-E-S-S-E-RY PAIN & ANXIETY

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

PSYCHOTROPIC - DENIED  
CORRECT ANTIVIRAL - DENIED  
CONSTITUTENT MEDICINE - DENIED  
SPINAL SHOT - DENIED

**IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

PLAINTIFF'S IMMUNE SYSTEM IS COMPROMISED WITH THE GENERIC ANTIVIRAL MEDICINE. PATIENT ASSERTS LESS ENERGY, SHORTNESS OF BREATH, UNABLE TO MAKE A STOOL & CATCHING COLDS/VIRUSES. PLAINTIFF ASSERTS BEING SUBJECTED TO ANTI-OPIOD PAIN MEDICINE IS CRUEL. PLAINTIFF RESERVES THE RIGHT TO BRING FORTH CHARGES & PUNITIVE DAMAGES IF DEFENDENTS INSIST ON ALLOWING PATIENT TO SUFFER WITH "BOGUS" PAIN & ANTIVIRAL MEDICINES. PATIENT/PLAINTIFF ASSERTS LAB RESULTS ARE BEING USED TO INCREASE PHARMA'S STATISTICS IGNORING PATIENTS BEST INTERESTS AND ABUSING HIS PURSUIT OF HAPPINESS.

**V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

PLAINTIFF/PATIENT PRAYS THE COURT MAY OVERLOOK MISSPELED WORDS AND PONTIFICATIONS UNDER THE CIRCUMSTANCES THAT PATIENT IS "AUTISTIC SCHIZOPHRENIC" AND TRYING THE BEST OF HIS ABILITY TO BRING FORTH HIS ACTION/COMPLAINT. PLAINTIFF/PATIENT ASSERTS THE TRUE INTEREST OF LAW IS BEST MET BY DEMANDING DEFENDENTS TO MAKE ACCESSIBLE MEDICATIONS WHAT ARE AVAILABLE TO THE COMMON PUBLIC & UNITED STATES CITIZENS. PLAINTIFF/PATIENT ASKS FOR APPOINTMENT OF COUNSEL IF THE COURT DEEMS NESESARY THAT THE BEST INTEREST OF LAW MAY BE TO MOVE PLAINTIFF/PATIENTS COMPLAINT TO CLASS ACTION.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10-19-21

Signature of Plaintiff

Printed Name of Plaintiff

*Daniel Reyes*

**DANIEL REYES**

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address



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\*\* See International Mail Manual at <http://ps.us>.

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FROM:

DANIEL REYES  
421 E. MAPLE AVE  
APT 103

BELLINGHAM, WA 98225

MAIL

LOGGED  
RECEIVED

OCT 20 2021

AT SEATTLE  
CLERK U.S. DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
DEPUTY

TO:

UNITED STATES DIST. COURT  
WESTERN DIST. / SEATTLE  
700 STEWART ST.  
SUITE 2310 98101